

2088

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>268</u>	
1. PLACE OF DEATH				COUNTY <u>Maricopa</u>		STATE <u>ARIZONA</u>		REGISTERED NO. <u>402</u>	
TOWNSHIP <u>Phoenix</u>				OR VILLAGE		CITY <u>Good Samaritan</u>		ST. <u>WARD</u>	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>10</u> YRS. <u>32</u> MOS. <u>05</u> DS.		HOW LONG IN U. S. OF FOREIGN BIRTH <u>32</u> YRS. <u>05</u> MOS. <u>05</u> DS.		HOW LONG IN STATE WHEN DEATH OCCURRED <u>32</u> YRS. <u>05</u> MOS. <u>05</u> DS.	
2. FULL NAME <u>Anna Grantham</u>				(A) RESIDENCE: NO. <u>906 W. Portland</u>		ST. <u>WARD</u>		(IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)	
(USUAL PLACE OF ABODE)				PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Widow</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>3/28/35</u>		22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>19</u> TO <u>19</u> I LAST SAW HER ALIVE ON <u>3-23</u> , 19 <u>35</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>7</u> M.	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>B. Frank Grantham</u>				6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 2, 1878</u>		7. AGE YEARS <u>59</u> MONTHS <u>7</u> DAYS <u>21</u> IF LESS THAN 1 DAY, <u>0</u> HRS. <u>0</u> OR <u>0</u> MIN.		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Coronary thrombosis</u> DATE OF ONSET <u>7</u>	
OCCUPATION		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>At Home</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>At Home</u>		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Kansas</u>				13. NAME <u>George Wagoner</u>		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Not known</u>		15. MAIDEN NAME <u>Not known</u>	
FATHER		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>N. H.</u>		17. INFORMANT (ADDRESS) <u>Mrs. George Grantham</u>		18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kingman, Ariz.</u> DATE <u>3/24/35</u>		19. EMBALMER (LICENSE NO. <u>617</u> ADDRESS <u>402 Central</u>) FUNERAL DIRECTOR (SIGNATURE <u>[Signature]</u>)	
20. FILED <u>3-28-35</u> <u>W. W. Thomas</u> REGISTRAR				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>DATE OF INJURY</u> <u>19</u> WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? IF SO, SPECIFY (SIGNED) <u>Lucy B. French</u> M. D. (ADDRESS)			